

Form 6A

Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		PSE#/MyATC#	
Current Address	City	Postal Code	Phone Number
Employer (Firm Name)		Name and Certificate Number of Supervising Journeyperson	
Address of Employer	City	Postal Code	Phone Number

Sheet Metal Worker	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs common occupational skills: performs safety-related functions, uses and maintains tools and equipment; organizes work, uses communication and mentoring techniques	
Performs fabrication: performs pattern development, fabricates sheet metal components for air and material handling systems; fabricates flashing, roofing, sheeting and cladding; fabricates specialty products	
Installs air and material handling systems: : prepares installation site, installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment; installs air handling system components, installs material handling system components, applies thermal insulation, lagging, cladding and flashing; performs leak testing, air balancing and commissioning	
Installs roofing and specialty products: installs metal roofing and cladding systems; installs exterior components, installs specialty products	
Performs maintenance and repair: performs scheduled maintenance, repairs faulty systems and components	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/Tradesperson (signature)

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Employer Representative (signature)

 Employer Representative (print name clearly)

For Commission Use Only Time Assessed: _____ Approved By: _____ Date: _____ (DD/MM/YY)
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